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| Fill in this information to identify your case: | | |
|--------------------------------------------------|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS - WESTERN DIVISION | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | Part 1: Identify Yourself | | | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
| 1. | Your full name | | | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Kurtis First name R. Middle name Clevenger Last name and Suffix (Sr., Jr., II, III) | Margaret First name L Middle name Clevenger Last name and Suffix (Sr., Jr., II, III) | | | |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | Kurt Clevenger | Margie L Clevenger | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3619 | xxx-xx-8882 | | | |

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Debtor 1 Kurtis R. Clevenger
Debtor 2 Margaret L Clevenger

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ■ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 1205 E Lefevre Rd | If Debtor 2 lives at a different address: | | | |
| | | Sterling, IL 61081 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | Whiteside | | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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| | | (urtis R. Clevenge Margaret L Cleven | | | Docar | | Case number (if known) | |
|-----|-----------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Par | rt 2: Te | ell the Court About | Your Bank | ruptcy Ca | ase | | | |
| 7. | Bankru | apter of the optcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | choosing to file under | | ■ Chap | ter 7 | | | | |
| | | | ☐ Chap | ter 11 | | | | |
| | | | ☐ Chap | ter 12 | | | | |
| | | | ☐ Chap | ter 13 | | | | |
| 8. | How yo | ou will pay the fee | abo | out how your ler. If your | ou may pay. Typi | cally, if you are paying the fee yo | x with the clerk's office in your local court for more urself, you may pay with cash, cashier's check, o alf, your attorney may pay with a credit card or ch | or money |
| | | | ☐ Inc | eed to pa | y the fee in insta | allments. If you choose this option (Official Form 103A). | n, sign and attach the Application for Individuals | to Pay |
| | | | ☐ I re | equest that is not reco | at my fee be wai quired to, waive y ur family size and | ved (You may request this option our fee, and may do so only if you do you are unable to pay the fee in | only if you are filing for Chapter 7. By law, a judger income is less than 150% of the official poverty installments). If you choose this option, you must la Form 103B) and file it with your petition. | y line that |
| 9. | Have you filed for | ■ No. | | | | | | |
| 9. | bankru | bankruptcy within the last 8 years? | | | | | | |
| | iast 8 y | | ☐ Yes. | District | | When | Coop number | |
| | | | | District District | | When When | Case number Case number | |
| | | | | District | | When | Case number | |
| 10. | Are any bankruptcy | | ■ No | | | | | |
| | filed by not filing you, or | pending or being or a spouse who is ng this case with by a business or, or by an | ☐ Yes. | | | | | |
| | | | | Debtor | | | Relationship to you | |
| | | | | District | | When | Case number, if known | |
| | | | | Debtor | | | Relationship to you | |
| | | | | District | | When | Case number, if known | |
| 11. | | rent your | ■ No. | Go to | line 12. | | | |
| | resider | ice f | ☐ Yes. | Has yo | our landlord obtain | ned an eviction judgment against | you? | |
| | | | | | No. Go to line 1 | 2. | | |
| | | | | | Yes. Fill out <i>Init</i> this bankruptcy | | ludgment Against You (Form 101A) and file it as | part of |

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| | tor 1 Kurtis R. Clevenge tor 2 Margaret L Cleven | | Case number (if known) | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------|--|--|--|
| Pari | Report About Any Bu | sinesses ` | You Own as a Sole Proprietor | | | | |
| 12. Are you a sole proprietor of any full- or part-time business? Go to Part 4. | | | | | | | |
| | | ☐ Yes. | Name and location of business | | | | |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code | | | | | | | |
| If you have more than one sole proprietorship, use a separate sheet and attach | | | | | | | |
| | it to this petition. | | Check the appropriate box to describe your business: | | | | |
| | | | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | |
| | | | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | | |
| | | | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | |
| | | | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | |
| | | | ■ None of the above | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor? | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set ap deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, stat operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the p in 11 U.S.C. 1116(1)(B). | | | | | |
| | For a definition of small | ■ No. | I am not filing under Chapter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankrup Code. | ptcy | | | |
| | | ☐ Yes. | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy C | Code. | | | |
| Part | Report if You Own or | Have Any | Hazardous Property or Any Property That Needs Immediate Attention | | | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | | | | |
| | of imminent and identifiable hazard to | — 100. | What is the hazard? | | | | |
| | public health or safety? | | | | | | |
| | Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? Number, Street, City, State & Zip Code | | | | |
| | | | rambol, olivon, olivon, olivon a Zip oddo | | | | |

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Debtor 1 Kurtis R. Clevenger
Debtor 2 Margaret L Clevenger

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-80819 Doc 1 Filed 04/13/18 Entered 04/13/18 12:23:36 Desc Main Document Page 6 of 64

| | tor 1 tor 2 | Kurtis R. Clevenge Margaret L Cleven | | Document | r age o or c | | nber (if known) | | |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------|--------|--|
| Pari | t 6: | Answer These Questi | | eporting Purposes | | | | | |
| | Wha | What kind of debts do you have? | | Are your debts primarily consun | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | |
| | | | | ☐ No. Go to line 16b. | | | | | |
| | | | | Yes. Go to line 17. | | | | | |
| | | | 16b. | Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | | ☐ No. Go to line 16c. | | | | | |
| | | | | ☐ Yes. Go to line 17. | | | | | |
| | | | 16c. | State the type of debts you owe that | at are not consume | r debts or busir | ness debts | | |
| 17. | | ou filing under ter 7? | □ No. | I am not filing under Chapter 7. Go | to line 18. | | | | |
| ; | after | ou estimate that any exempt erty is excluded and | ■ Yes. | I am filing under Chapter 7. Do you are paid that funds will be available | | | roperty is excluded and administrative ex ors? | penses | |
| | | inistrative expenses paid that funds will | | ■ No | | | | | |
| | be a | vailable for ibution to unsecured itors? | | Yes | | | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | | 25,001-50,000 | | | |
| | | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 | | □ 50,001-100,000 □ M | | |
| | | | ☐ 100-19 ☐ 200-99 | | 10,001-25,000 | | ☐ More than100,000 | | |
| 19. | | much do you nate your assets to | \$0 - \$9 | • | \$1,000,001 - \$ ² | | □ \$500,000,001 - \$1 billion | | |
| | | orth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billior | 1 | |
| | | | \$100,001 - \$500,000 \$500,001 - \$1 million | | □ \$100,000,001 - \$500 million | | ☐ More than \$50 billion | | |
| 20. | | much do you nate your liabilities | □ \$0 - \$9 | | □ \$1,000,001 - \$° | | \$500,000,001 - \$1 billion | | |
| | to be | | | 01 - \$100,000 001 - \$500.000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion | | |
| | | | □ \$500,001 - \$1 million | | □ \$100,000,001 - \$500 million | | ☐ More than \$50 billion | | |
| Part | t 7: | Sign Below | | | | | | | |
| For | you | | I have ex | amined this petition, and I declare u | nder penalty of perj | jury that the inf | formation provided is true and correct. | | |
| | | | | | | | ole, under Chapter 7, 11,12, or 13 of title I choose to proceed under Chapter 7. | 11, | |
| | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | | |
| | | | I request | relief in accordance with the chapte | r of title 11, United | States Code, s | pecified in this petition. | | |
| | | | | cy case can result in fines up to \$25 | | | ey or property by fraud in connection with 10 years, or both. 18 U.S.C. §§ 152, 1341 | | |
| | | | /s/ Kurti | s R. Clevenger | | s/ Margaret L | | | |
| | | | | R. Clevenger e of Debtor 1 | | largaret L CI ignature of Deb | | | |
| | | | Executed | on April 11, 2018 MM / DD / YYYY | E | | April 11, 2018 MM / DD / YYYY | | |

| Debtor 1 | Kurtis R. Clevenge | Document | Page 7 of 64 | | |
|----------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|-------------------|
| Debtor 2 | Margaret L Cleven | | Cas | e number (if known) | |
| | | | | | |
| | attorney, if you are ted by one | I, the attorney for the debtor(s) named in this under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify the second of the control | ed States Code, and have e | explained the relief available u | nder each chapter |
| • | not represented by ey, you do not need s page. | and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect. | | | |
| | | /s/ MICHAEL C. DOWNEY | Date | April 11, 2018 | |
| | | Signature of Attorney for Debtor | | MM / DD / YYYY | |
| | | MICHAEL C. DOWNEY 6186785 - Illino | ois | | |
| | | LAW OFFICE OF MICHAEL C. DOWNE | ΞΥ | | |
| | | 420 WEST SECOND STREET DIXON, IL 61021 | | | |
| | | Number, Street, City, State & ZIP Code | | | |

Email address

Contact phone **815.288.6688**

6186785 - Illinois IL Bar number & State

| | | 1700.11111 | eni Paue o di 04 | + |
|-----------------------------------------|-------------------------|-------------------|-----------------------|----------|
| Fill in this inform | nation to identify your | case: | | |
| Debtor 1 | Kurtis R. Cleveng | er | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Margaret L Cleve | nger | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS - WESTERN | DIVISION |
| Case number | | | | |
| (if known) | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | assets of what you own |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 95,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 21,554.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 116,554.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 99,550.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 55,159.00 |
| | Your total liabilities | \$ | 154,709.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,957.42 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,932.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

| 51. 4 | | Document | Page 9 of 64 | |
|----------|----------------------|----------|------------------------|--|
| | Kurtis R. Clevenger | | | |
| Debtor 2 | Margaret L Clevenger | | Case number (if known) | |

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | \$ | 5,008.78 |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| | | - | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | l claim |
|------------------------------------------------------------------------------------------------------------------------------|------|---------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Ca | se 18-80819 | 9 Doc 1 I | Filed 04/2 Docume | | Entered 04/13/18 Page 10 of 64 | 12:23:3 | 6 Des | sc N | 1ain |
|---------------------|--------------------------------------------------------|------------------------------------------------------|---------------------------------------------|--------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------|--------|------------------------------------|
| Fill | in this inforr | nation to identify | your case and th | is filing: | | | | | | |
| Deb | otor 1 | Kurtis R. Cle | evenger | | | | | | | |
| | | First Name | Middle | Name | | Last Name | | | | |
| | otor 2 | Margaret L C | | Name | | LeatNesse | | | | |
| | use, if filing) | First Name | Middle | | | Last Name | | | | |
| Uni | ted States Ba | nkruptcy Court for | the: NORTHER | N DISTRICT | OF ILLIN | NOIS - WESTERN DIVISION | | | | |
| Cas | se number _ | | | | | - | | | | Check if this is an amended filing |
| | | | | | | | | | | amended ming |
|)f | ficial Fo | rm 106A/E | <u>3</u> | | | | | | | |
| Sc | chedul | e A/B: Pı | operty | | | | | | | 12/15 |
| hink nfor nsv | t it fits best. B mation. If more wer every ques | e as complete and a e space is needed, a tion. | accurate as possibl attach a separate sh | e. If two marric neet to this for | ed people m. On the | In asset fits in more than one ce are filing together, both are e e top of any additional pages, v on or Have an Interest In | qually respon | sible for su | oplyin | g correct |
| | | | | | | | | | | |
| . D | o you own or r | ave any legal or eq | uitable interest in a | ny residence, | building, | land, or similar property? | | | | |
| | No. Go to Par | 2. | | | | | | | | |
| | Yes. Where is | s the property? | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1.1 | 1205 E Le | fouro Pd | | _ | | /? Check all that apply | | | | |
| | | if available, or other des | cription | | le-family h | | | | | exemptions. Put |
| | Otreet address, | i available, or other des | cription | | | ti-unit building | the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Prope | | | |
| | | | | ☐ Cond | dominium | or cooperative | | | | |
| | | | | ☐ Man | ufactured | or mobile home | Current value | of the | Cur | rent value of the |
| | Sterling | IL | 61081-0000 | ☐ Land | i | | entire proper | | | ion you own? |
| | City | State | ZIP Code | ☐ Inve | stment pro | operty | \$95 , | 00.00 | | \$95,000.00 |
| | | | | | eshare | | Describe the | nature of vo | our ov | vnership interest |
| | | | | Othe | - | | (such as fee | simple, tena | | y the entireties, or |
| | | | | Who has an | | in the property? Check one | a life estate), Fee simple | | | |
| | Whiteside | | | _ | or 2 only | | | | | |
| | County | | | _ | • | Debtor 2 only | | | | |
| | | | | _ | | f the debtors and another | ☐ Check if (see instru | this is com ctions) | munit | y property |
| | | | | | | ou wish to add about this item, | , | , | | |
| | | | | | - | on number: | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

pages you have attached for Part 1. Write that number here......

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$95,000.00

Entered 04/13/18 12:23:36 Case 18-80819 Doc 1 Filed 04/13/18 Desc Main Document Page 11 of 64 Debtor 1 Kurtis R. Clevenger Debtor 2 Margaret L Clevenger Case number (if known) 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put Nissan 3 1 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Altiama** Debtor 1 only Creditors Who Have Claims Secured by Property. Model: 2007 Year: ■ Debtor 2 only Current value of the Current value of the Approximate mileage: 68000 Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another **KBB Trade in value** \$2,763.00 \$2,763.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put **GMC** 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Sererra Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2014 Year: Debtor 2 only Current value of the Current value of the 72000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another **KBB Trade in value** \$16.529.00 \$16,529.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$19,292.00 .pages you have attached for Part 2. Write that number here.....= Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

Yes. Describe.....

Normal Complement of household goods

\$950.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Yes. Describe.....

TV's

\$100.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

| | Case 18-80819 Doc 1 | Document | Page 12 of 64 | 23:36 Desc Main |
|--------------------------------|--------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------|
| Debtor 1 Debtor 2 | Kurtis R. Clevenger Margaret L Clevenger | Doddinent | Case number | (if known) |
| ☐ Yes. | Describe | | | |
| Example ■ No | ent for sports and hobbies les: Sports, photographic, exercise, ar musical instruments Describe | nd other hobby equipment; b | picycles, pool tables, golf clubs, skis | s; canoes and kayaks; carpentry tools; |
| ■ No | ms bles: Pistols, rifles, shotguns, ammun Describe | ition, and related equipment | | |
| □ No | oles: Everyday clothes, furs, leather c Describe | oats, designer wear, shoes, | accessories | |
| | Clothing and fa | mily photos | | \$350.00 |
| □ No | r y p <i>les:</i> Everyday jewelry, costume jewe Describe | lry, engagement rings, wedd | ling rings, heirloom jewelry, watche | s, gems, gold, silver |
| | Wedding Band | S | | \$400.00 |
| | Costume Jewe | lry | | \$60.00 |
| Exam _l □ No - | arm animals ples: Dogs, cats, birds, horses Describe | | | |
| | Dog/Cat | | | \$0.00 |
| ■ No | ther personal and household items Give specific information | you did not already list, ir | cluding any health aids you did i | not list |
| | the dollar value of all of your entrie art 3. Write that number here | | | \$1,860.00 |
| Part 4: De | escribe Your Financial Assets | | | |
| Do you ov | vn or have any legal or equitable in | terest in any of the follow | ing? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | oles: Money you have in your wallet, i | | | your petition |
| | | | Cash | \$2.00 |

Official Form 106A/B Schedule A/B: Property page 3

Entered 04/13/18 12:23:36 Desc Main Doc 1 Filed 04/13/18 Case 18-80819 Document Page 13 of 64 Kurtis R. Clevenger Margaret L Clevenge Case number (if known)

| De | wargaret L | Jieveng | jer | | |
|-----|-----------------------------------------------|------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 17. | Deposits of money | | | | |
| | | | | ounts; certificates of deposit; shares in credit unions, brokerage hou | ses, and other similar |
| | Institutions. ☐ No | If you ha | ave multiple accounts | s with the same institution, list each. | |
| | | | | Institution name: | |
| | Yes | | | institution name. | |
| | | | Ob a aldin m | South Valley Bonk | ¢400.00 |
| | | 17.1. | Checking | Sauk Valley Bank | \$100.00 |
| | | | | | |
| | | 17.0 | Checking | Sauk Valley Bank | \$200.00 |
| | | 17.2. | Checking | Cauk Valley Balik | Ψ200.00 |
| | | | | | |
| 18. | Bonds, mutual funds, Examples: Bond funds. | | | okerage firms, money market accounts | |
| | ■ No | | | storage mine, merely market accounts | |
| | ☐ Yes | | Institution or issuer | name: | |
| | | | | | |
| 19. | Non-publicly traded st joint venture | ock and | interests in incorpo | orated and unincorporated businesses, including an interest in | an LLC, partnership, and |
| | ■ No | | | | |
| | ☐ Yes. Give specific inf | ormation | about them | | |
| | | | me of entity: | % of ownership: | |
| 20 | Covernment and serv | avata ba | ndo ond other near | stickle and non nonatickle instruments | |
| 20. | | | | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. | |
| | Non-negotiable instrum | ents are | those you cannot tra | ansfer to someone by signing or delivering them. | |
| | ■ No | | | | |
| | ☐ Yes. Give specific info | ormation | about them | | |
| | · | | suer name: | | |
| 21. | Retirement or pension | | | | |
| | Examples: Interests in D | IRA, ERI | SA, Keogh, 401(k), 4 | 403(b), thrift savings accounts, or other pension or profit-sharing plan | ns |
| | Yes. List each accour | nt conara | itely | | |
| | - Tes. List each accoun | | of account: | Institution name: | |
| | | ,, | | | |
| | | 401(| k) | Current employer | \$100.00 |
| | | | | | |
| 22. | Security deposits and | | | | |
| | | | | to that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies | or others |
| | ■ No | willi iaii | diords, prepaid rent, | public duffiles (electric, gas, water), telecommunications companies | , or others |
| | ■ No Yes | | | Institution name or individual: | |
| | □ 165 | | | | |
| 23. | Annuities (A contract for | or a perio | odic payment of mone | ey to you, either for life or for a number of years) | |
| | ■ No | | | | |
| | ☐ Yes Is | suer nan | ne and description. | | |
| 24. | Interests in an education | on IRA. i | in an account in a g | ualified ABLE program, or under a qualified state tuition progra | am. |
| | 26 U.S.C. §§ 530(b)(1), | | | | |
| | ■ No | | | | |
| | ☐ Yes In | stitution | name and description | n. Separately file the records of any interests.11 U.S.C. § 521(c): | |
| 25 | Truete aquitable or fu | turo into | rosts in proporty (o | other than anything listed in line 1), and rights or powers exerci | sable for your benefit |
| 25. | ■ No | ture inte | resis in property (o | other than anything listed in line 1), and rights of powers exerci- | sable for your benefit |
| | ☐ Yes. Give specific inf | ormation | ahout them | | |
| | — 100. Give specific IIII | omation. | about thom | | |
| 26. | | | | nd other intellectual property | |
| | | naın nam | ies, websites, procee | eds from royalties and licensing agreements | |
| | ■ No | | | | |
| | Yes. Give specific inf | ormation | about them | | |

Best Case Bankruptcy

Debtor 1

| D | abtor 1 | Case 18-80819 | Doc 1 | Filed 04/13/18 Document | Entered 04/13/18 12:23:36 Page 14 of 64 | Desc Main |
|-----|--------------------|----------------------------------------------------------------------------------------------------------------|----------------|----------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| | ebtor 1 ebtor 2 | Kurtis R. Clevenger Margaret L Clevenge | r | | Case number (if known) | |
| | Examp ■ No | es, franchises, and other bles: Building permits, exclu | sive licenses | | n holdings, liquor licenses, professional licens | ses |
| M | oney or | property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ■ No | funds owed to you Give specific information ab | oout them, inc | cluding whether you alrea | ady filed the returns and the tax years | |
| | Examp ■ No | support bles: Past due or lump sum Give specific information | | usal support, child suppo | ort, maintenance, divorce settlement, property | y settlement |
| | Examp ■ No | amounts someone owes y oles: Unpaid wages, disabili- benefits; unpaid loans Give specific information | ty insurance p | | efits, sick pay, vacation pay, workers' compe | ensation, Social Security |
| | Examp ■ No | Name the insurance compa | | | HSA); credit, homeowner's, or renter's insura Beneficiary: | nce Surrender or refund value: |
| | If you a someo | terest in property that is deare the beneficiary of a living the has died. Give specific information | | | d surance policy, or are currently entitled to rec | |
| 33. | Examp ■ No | against third parties, who les: Accidents, employmen Describe each claim | | | t or made a demand for payment to sue | |
| 34. | ■ No | contingent and unliquidate Describe each claim | ed claims of | every nature, including | g counterclaims of the debtor and rights to | o set off claims |
| | ■ No | Give specific information | already list | | | |
| 36 | | | | | ny entries for pages you have attached | \$402.00 |
| Pa | rt 5: De | scribe Any Business-Related | Property You | Own or Have an Interest I | n. List any real estate in Part 1. | |
| ١ | No. Go | own or have any legal or equito Part 6. | table interest | in any business-related pr | operty? | |
| I | ┙Yes. G | Go to line 38. | | | | |

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| Debte | • | 1011t 1 ago 10 01 | | |
|--------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------|--------------|
| Debte | Margaret L Clevenger | | Case number (if known) | |
| D- 16 | | | | |
| Part 6 | 6: Describe Any Farm- and Commercial Fishing-Related Proper If you own or have an interest in farmland, list it in Part 1. | rty You Own or Have an Interes | st in. | |
| 46. D | Oo you own or have any legal or equitable interest in any | farm- or commercial fishir | ng-related property? | |
| | No. Go to Part 7. | | | |
| | ☐ Yes. Go to line 47. | | | |
| Part 7 | 7: Describe All Property You Own or Have an Interest in T | hat You Did Not List Above | | |
| | Oo you have other property of any kind you did not alread | dy list? | | |
| | Examples: Season tickets, country club membership No | | | |
| | Yes. Give specific information | | | |
| _ | Tes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. W | rite that number here | | \$0.00 |
| Part 8 | 8: List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$95,000.00 |
| 56. | Part 2: Total vehicles, line 5 | \$19,292.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$1,860.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$402.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$21,554.00 | Copy personal property total | \$21,554.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 6 | 52 | | \$116,554.00 |

Official Form 106A/B Schedule A/B: Property page 6

| | | 1700.111110. | III FAUE TO ULU4 | |
|---------------------|--------------------------|-------------------|--------------------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Kurtis R. Cleveno | ger | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Margaret L Cleve | nger | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS - WESTERN DIVISION | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|----------------------------------------------------------------------------------------|--------------------------------------|-----|-----------------------------------------------------------------|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 1205 E Lefevre Rd Sterling, IL 61081 Whiteside County | \$95,000.00 | | \$30,000.00 | 735 ILCS 5/12-901 |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2007 Nissan Altiama 68000 miles KBB Trade in value | \$2,763.00 | | \$2,763.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2014 GMC Sererra 72000 miles KBB Trade in value | \$16,529.00 | | \$4,800.00 | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Normal Complement of household goods | \$950.00 | | \$950.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| TV's Line from Schedule A/B: 7.1 | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) |
| Line nom ochequie A/D. T.1 | | | 100% of fair market value, up to any applicable statutory limit | |

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Kurtis R. Clevenger Debtor 1 Margaret L Clevenger Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Clothing and family photos 735 ILCS 5/12-1001(a) \$350.00 \$350.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit **Wedding Bands** 735 ILCS 5/12-1001(a) \$400.00 \$400.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit **Costume Jewelry** 735 ILCS 5/12-1001(b) \$60.00 \$60.00 Line from Schedule A/B: 12.2 100% of fair market value, up to any applicable statutory limit **Checking: Sauk Valley Bank** 735 ILCS 5/12-1001(b) \$100.00 \$100.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Checking: Sauk Valley Bank** 735 ILCS 5/12-1001(b) \$200.00 \$200.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit 401(k): Current employer 735 ILCS 5/12-1006 \$100.00 \$100.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

| 3. A | Are you claiming | a homestead | exemption of | more than | \$160,375? |
|-------------|------------------|-------------|--------------|-----------|------------|
|-------------|------------------|-------------|--------------|-----------|------------|

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

| | <u> Document Pa</u> | ae 18 of 64 | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------|-----------------------------------|
| Fill in this information to identify | y your case: | | | |
| Debtor 1 Kurtis R. CI | | Name | - | |
| Debtor 2 Margaret L | | reame | | |
| (Spouse if, filing) First Name | | Name | - | |
| United States Bankruptcy Court fo | r the: NORTHERN DISTRICT OF ILLINOIS | S - WESTERN DIVISION | _ | |
| Case number | | | | |
| (if known) | | | | if this is an ded filing |
| 000115 | | | | • |
| Official Form 106D | | | | |
| Schedule D: Credite | ors Who Have Claims Sec | cured by Propert | У | 12/15 |
| | sible. If two married people are filing together, bo fill it out, number the entries, and attach it to this | | | |
| 1. Do any creditors have claims secu | red by your property? | | | |
| ☐ No. Check this box and sub | omit this form to the court with your other scheo | dules. You have nothing else t | to report on this form. | |
| Yes. Fill in all of the information | ation below. | | | |
| Part 1: List All Secured Claim | ns. | | | |
| 2. List all secured claims. If a creditor for each claim. If more than one creditor | r has more than one secured claim, list the creditor soor has a particular claim, list the other creditors in Panabetical order according to the creditor's name. | | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Ally | Describe the property that secures the cla | * · · · · · · | \$16,529.00 | \$0.00 |
| Creditor's Name | 2014 GMC Sererra 72000 miles KBB Trade in value | | | |
| PO Box 13625 Philadelphia, PA 19101 | As of the date you file, the claim is: Check a apply. ☐ Contingent | all that | | |
| Number, Street, City, State & Zip Code | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ■ An agreement you made (such as mortga | ane or secured | | |
| Debtor 2 only | car loan) | 190 or 000urou | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | 's lien) | | |
| At least one of the debtors and another | 9 | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| 2.2 Community State Bank | Describe the property that secures the cla | aim: \$88,000.00 | \$95,000.00 | \$0.00 |
| Creditor's Name | 1205 E Lefevre Rd Sterling, IL 61 Whiteside County | | | |
| 1801 1st Ave Rock Falls, IL 61071 | As of the date you file, the claim is: Check apply. Contingent | all that | | |
| Number, Street, City, State & Zip Code | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgal | ane or secured | | |
| Debtor 2 only | car loan) | ige of secured | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | 's lien) | | |
| At least one of the debtors and another | S . | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred 2008 | Last 4 digits of account number | | | |

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| Debtor 1 | Kurtis R. Clevenger | | | Case number (if know) | |
|-----------|----------------------|------------------------------|------------------------------------|-----------------------|---|
| | First Name | Middle Name | Last Name | _ | |
| Debtor 2 | Margaret L Clevenger | | | | |
| | First Name | Middle Name | Last Name | | |
| | | | | | |
| | | | | | _ |
| Add the | dollar value of yo | our entries in Column A on | this page. Write that number here: | \$99,550.00 | |
| | | your form, add the dollar va | lue totals from all pages. | \$99,550.00 | |
| Write tha | at number here: | | | \$99,550.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| ` | Dasc 10 00010 D | Document | Page 20 of 64 | Descriviant | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----|
| Fill in this info | ormation to identify your ca | | | | |
| Debtor 1 | Kurtis R. Clevenge | r | | | |
| 2000. | First Name | Middle Name | Last Name | | |
| Debtor 2 | Margaret L Cleven | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS - WESTERN DIVISION | | |
| Case number (if known) | | | | ☐ Check if this is an amended filing | |
| Official Fo | rm 106E/F | | | | |
| | | no Have Unsecured | Claims | 12/15 | |
| Schedule G: Exe Schedule D: Cre left. Attach the C name and case I | ecutory Contracts and Unexpir ditors Who Have Claims Secu Continuation Page to this page number (if known). | ed Leases (Official Form 106G). I red by Property. If more space is . If you have no information to re | list executory contracts on Schedule A/B: P Do not include any creditors with partially soneeded, copy the Part you need, fill it out, report in a Part, do not file that Part. On the to | secured claims that are listed in number the entries in the boxes on the | he |
| | All of Your PRIORITY Uns | | | | _ |
| | ditors have priority unsecured | claims against you? | | | |
| No. Go t | o Part 2. | | | | |
| ☐ Yes. | All () NONDRIGHT | | | | |
| | All of Your NONPRIORITY | | | | _ |
| 3. Do any cred | ditors have nonpriority unsecu | red claims against you? | | | |
| ☐ No. You | have nothing to report in this par | t. Submit this form to the court with | your other schedules. | | |
| Yes. | | | | | |
| unsecured of | claim, list the creditor separately | for each claim. For each claim liste | he creditor who holds each claim. If a creditor d, identify what type of claim it is. Do not list cla have more than three nonpriority unsecured claim. | aims already included in Part 1. If more | |
| | | | | Total claim | |
| | con - Synchrony Bank ority Creditor's Name | Last 4 digits of acc | count number | \$4,245.0 |)0 |
| PO B | ox 960013 | When was the deb | ot incurred? | | |
| | r Street City State Zlp Code | As of the date you | file, the claim is: Check all that apply | | |
| | curred the debt? Check one. | , | The state of the s | | |
| ☐ Deb | otor 1 only | ☐ Contingent | | | |
| ☐ Deb | otor 2 only | ☐ Unliquidated | | | |
| ■ Deb | otor 1 and Debtor 2 only | ☐ Disputed | | | |
| | east one of the debtors and anot | her Type of NONPRIO | RITY unsecured claim: | | |
| | eck if this claim is for a comm | Па | | | |
| debt | claim subject to offset? | ☐ Obligations arisi | ing out of a separation agreement or divorce the | at you did not | |
| Is the t | Jami Subject to onsets | report as priority cla | มrns n or profit-sharing plans, and other similar debt | rs. | |
| ☐ Yes | | Other. Specify | and said said said said | - | |
| - 163 | • | Otner. Specify | | | |

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| | 1 Kurtis R. Clevenger 2 Margaret L Clevenger | Case number (if know) | |
|-----|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|
| 4.2 | American Express | Last 4 digits of account number 2003 | \$8,756.00 |
| | Nonpriority Creditor's Name | | |
| | Box 0001 Los Angeles, CA 90096-0001 | When was the debt incurred? | |
| - | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | □ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.3 | Capital One | Last 4 digits of account number 2110 | \$3,542.00 |
| | Nonpriority Creditor's Name PO Box 6492 | When was the debt incurred? | |
| - | Carol Stream, IL 60197-6492 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | 7.6 of the date you me, the stand for check an that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.4 | Capital One | Last 4 digits of account number 7838 | \$2,550.00 |
| | Nonpriority Creditor's Name PO Box 6492 | When was the debt incurred? | |
| | Carol Stream, IL 60197-6492 | when was the dept incurred? | |
| - | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |

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| | Kurtis R. Clevenger Margaret L Clevenger | Case number (if know) | |
|-----|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------|
| 4.5 | Capital One | Last 4 digits of account number 6144 | \$2,494.00 |
| | Nonpriority Creditor's Name PO Box 6492 Carol Stream, IL 60197-6492 | When was the debt incurred? | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did report as priority claims | ot |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| | Capital One | Last 4 digits of account number 0862 | \$1,784.00 |
| | Nonpriority Creditor's Name PO Box 6492 Carol Stream, IL 60197-6492 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did r report as priority claims | ot |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | _ |
| 4.7 | Care Credit-Synchrony Bank | Last 4 digits of account number 1743 | \$3,832.00 |
| | Nonpriority Creditor's Name PO Box 960061 | When was the debt incurred? | |
| - | Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did report as priority claims | ot |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |

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| Debto Debto | r 1 Kurtis R. Clevenger r 2 Margaret L Clevenger | Case number (if know) | |
|----------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|
| 4.8 | CGH Medical Center | Last 4 digits of account number | \$1,200.00 |
| | Nonpriority Creditor's Name 100 E LeFevre Road Sterling, IL 61081 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.9 | CITI Cards Nonpriority Creditor's Name | Last 4 digits of account number | \$3,196.00 |
| | Attn: Centralized Bankruptcy PO Box 20507 | When was the debt incurred? | |
| | Kansas City, MO 64915 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the damins. Check an that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| 4.1 | Direct TV, Inc. | Last 4 digits of account number 3281 | \$258.00 |
| | Nonpriority Creditor's Name PO Box 5007 | When was the debt incurred? | |
| | Carol Stream, IL 60197-5007 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim is. Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| | | | |

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| Margaret L Clevenger | Case number (if know) | | |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------|--|
| Discover Card | Last 4 digits of account number 4571 | \$1,146.00 | |
| Nonpriority Creditor's Name PO Box 6103 | When was the debt incurred? | 4 2,1 1 2 2 2 2 | |
| Carol Stream, IL 60197-6103 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | As of the date you me, the diam is. Offect all that apply | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| lebt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | |
| s the claim subject to offset? | report as priority claims | | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| Yes | Other. Specify | | |
| Kohls Payment Center | Last 4 digits of account number 7083 | \$2,729.00 | |
| Nonpriority Creditor's Name | | , | |
| PO Box 2983 | When was the debt incurred? | | |
| Milwaukee, WI 53201-2983 lumber Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | As of the date you file, the claim is. Offect all that apply | | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| ebt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | |
| s the claim subject to offset? | report as priority claims | | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| ☐ Yes | Other. Specify | | |
| Ailestone Bank Card Services | Last 4 digits of account number 7004 | \$565.00 | |
| Nonpriority Creditor's Name | | | |
| PO Box 84059 | When was the debt incurred? | | |
| Columbus, GA 31908-4059 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | As of the date you me, the damin is. Offect all that apply | | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| ☐ At least one or the debtors and another ☐ Check if this claim is for a community | ☐ Student loans | | |
| ☐ Check if this claim is for a community lebt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | |
| s the claim subject to offset? | report as priority claims | | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| □Yes | Other. Specify | | |

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| | or 1 Kurtis R. Clevenger Margaret L Clevenger | | Case number (if know) | |
|----------|----------------------------------------------------------------------|---------------------------------------|----------------------------------------------|------------|
| 4.1 4 | PayPal Buyer Credit | Last 4 digits of account number | 4881 | \$3,818.00 |
| | Nonpriority Creditor's Name PO Box 105658 Atlanta, GA 30348 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separ | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| 4.1 5 | PayPal Buyer Credit | Last 4 digits of account number | 7126 | \$1,412.00 |
| | Nonpriority Creditor's Name PO Box 960080 Orlando, FL 32896-0080 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separ | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| 4.1 | RRCA | Last 4 digits of account number | | Unknown |
| | Nonpriority Creditor's Name 201 E 3rd St | When was the debt incurred? | | |
| | Sterling, IL 61081 Number Street City State Zlp Code | As of the date you file, the claim is | S: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the olding | 5. Officer all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | | | |

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| | 1 Kurtis R. Clevenger2 Margaret L Clevenger | Case number (if know) | |
|----------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------|
| | margaret 2 Giorenige. | | |
| 4.1 7 | SWEDISH AMERICAN Medical Group | Last 4 digits of account number 1591 | \$706.00 |
| | Nonpriority Creditor's Name A Division of UW Health | When was the debt incurred? | |
| | PO Box 1567 Rockford, IL 61110 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divor report as priority claims | ce that you did not |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar | debts |
| | Yes | Other. Specify | |
| 4.1 | TARGET NATIONAL BANK | Last 4 digits of account number 0765 | \$1,992.00 |
| 8 | Nonpriority Creditor's Name | Last 4 digits of account number | <u>Ψ1,002.00</u> |
| | PO BOX 673 | When was the debt incurred? | |
| | Minneapolis, MN 55440 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | П | |
| | | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divor report as priority claims | • |
| | No | Debts to pension or profit-sharing plans, and other similar | debts |
| | Yes | Other. Specify | |
| 4.1 | Wal-Mart/Synchrony Bank | Last 4 digits of account number | \$6,988.00 |
| | Nonpriority Creditor's Name PO Box 965003 Orlando, FL 32896 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divor report as priority claims | ce that you did not |
| | No | \square Debts to pension or profit-sharing plans, and other similar | debts |
| | ☐ Yes | Other. Specify | |

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Debtor 1 Kurtis R. Clevenger Debtor 2 Margaret L Clevenger Case number (if know) 4.2 Wal-Mart/Synchrony Bank \$3.946.00 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 965024 When was the debt incurred? Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Capital One Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 85520 Part 2: Creditors with Nonpriority Unsecured Claims Richmond, VA 23285-5520 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Diversified Consultants, Inc. Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 551268 Part 2: Creditors with Nonpriority Unsecured Claims Jacksonville, FL 32255 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **RPM** Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1930 220th St. SE Part 2: Creditors with Nonpriority Unsecured Claims Suite 101 Bothell, WA 98021 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **RPM** Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **PO Box 1548** Part 2: Creditors with Nonpriority Unsecured Claims Lynnwood, WA 98046-1548 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? RRCA Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 201 E 3rd St Part 2: Creditors with Nonpriority Unsecured Claims Sterling, IL 61081 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Simm Associates, Inc. Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 7526 ■ Part 2: Creditors with Nonpriority Unsecured Claims Newark, DE 19714 Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

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Debtor 1 Kurtis R. Clevenger Debtor 2 Margaret L Clevenger Case number (if know) **Domestic support obligations** 6a. 0.00 Total claims from Part 1 Taxes and certain other debts you owe the government 6b. 6b. 0.00 Claims for death or personal injury while you were intoxicated 6c. 6c. 0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 0.00 **Total Claim** Student loans 6f. 6f 0.00 Total claims Obligations arising out of a separation agreement or divorce that from Part 2 0.00 6g. you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 6i. 55,159.00 Total Nonpriority. Add lines 6f through 6i. 6j. 55,159.00

| | | 17/////// | 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|---------------------|--------------------------|-------------------|---------------------------------------|
| Fill in this inform | mation to identify your | case: | |
| Debtor 1 | Kurtis R. Clevenç | ger | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Margaret L Cleve | nger | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS - WESTERN DIVISION |
| Case number | | | |
| (if known) | | | |
| | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with | whom you have th , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---------------------------------------------------|---------------------|-----------------------------------------|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | Oity | | Oldio | 211 0000 | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | <u> </u> |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.5 | Oity | | State | 211 0000 | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |

| | | Docume | ent Page 30 d | of 64 | |
|----------------|-----------------------------------------------------------------|-------------------------------|---------------------------|---------------------------|---------------------------------------------------------------------------|
| Fill in this | s information to identify your | case: | | | |
| | | | | | |
| Debtor 1 | Kurtis R. Cleveng | ger Middle Name | Last Name | | |
| Debtor 2 | Margaret L Cleve | | | | |
| (Spouse if, fi | | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS - WESTE | ERN DIVISION | |
| | . , | | | | |
| Case num | nber | | | | |
| (if known) | | | | | Check if this is an amended filing |
| | | | | | amended ming |
| Officia | l Form 106H | | | | |
| | | | | | |
| Sche | dule H: Your Cod | ebtors | | | 12/15 |
| Codobtor | s are people or entities who a | ro also liable for any deb | ete vou may have. Be a | se complete and accurat | o as nossible. If two married |
| people are | e filing together, both are equ | ally responsible for supp | olying correct informat | tion. If more space is ne | eded, copy the Additional Page, |
| | | | | to this page. On the top | of any Additional Pages, write |
| your name | e and case number (if known |). Answer every question | | | |
| 1. Do | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | e as a codebtor. | |
| ■ No | | | | | |
| ■ No | | | | | |
| ⊔ үе | S | | | | |
| | thin the last 8 years, have you | | | | states and territories include |
| Arizo | na, California, Idaho, Louisiana | , Nevada, New Mexico, Pu | erto Rico, Texas, Wash | nington, and Wisconsin.) | |
| ■ Na | . Go to line 3. | | | | |
| ` | s. Did your spouse, former spo | use or legal equivalent live | with you at the time? | | |
| ште | s. Dia your spouse, former spo | use, or legal equivalent live | e with you at the time? | | |
| | | | | | |
| | | | | | with you. List the person shown |
| | | | | | e creditor on Schedule D (Official schedule E/F, or Schedule G to fill |
| | column 2. | | u.o o (oo.a. : o : . | 500). 500 50m5daio 2, 5 | |
| | Calumn d. Varm andahtan | | | Caliman Or The area | litar to suborn you over the dabt |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Check all schedules | litor to whom you owe the debt that apply: |
| | | | | | and opposit |
| 3.1 | | | | Schedule D, line | |
| | Name | | | ☐ Schedule E/F, lin | ne |
| | | | | ☐ Schedule G, line | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| | | | | | |
| 3.2 | | | | ☐ Schedule D, line | |
| 5.2 | Name | | | Schedule E/F, line | |
| | | | | ☐ Schedule E,F, III | |
| | | | | — Schedule G, IIIle | |
| | Number Street | State | ZIP Code | | |
| | | | | | |

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| Fill in this information | on to identify your case: | |
|---------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Debtor 1 | Kurtis R. Clevenger | |
| Debtor 2 (Spouse, if filing) | Margaret L Clevenger | |
| United States Bank | cruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS - WESTERN DIVISION | |
| Case number (If known) | | Check if this is: An amended filing A supplement showing postpetition chapter |
| Official For | m 106I | 13 income as of the following date: MM / DD/ YYYY |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. If you have more than one job. ■ Employed Employed **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Machine Operator Loan Servicing** Include part-time, seasonal, or Employer's name **UPM Raflatac, Inc** Sauk Valley Bank self-employed work. **Employer's address** Occupation may include student 101 E Corporate Dr, 201 West 3rd St. or homemaker, if it applies. **Dixon, IL 61021** Sterling, IL 61081 How long employed there? 1 month 4 years

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,786.42 2,657.48 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 2,657.48 2,786.42

Schedule I: Your Income Official Form 106I page 1

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| | tor 1 tor 2 | Kurtis R. Clevenger Margaret L Clevenger | _ | | Case | number (if kn | own) | | | | |
|-----|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|------------|---------------|------------|------------|----------------------|----------------|------------------|
| | | | | | For | Debtor 1 | | | Debtor a-filing s | | |
| | Cop | by line 4 here | 4. | | \$ | 2,657 | .48 | \$ | | 786.42 | _ |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ā. | \$ | 461 | .52 | \$ | | 442.80 |) |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | 0 | .00 | \$ | | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 50 | Э. | \$ | 0 | .00 | \$ | | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans | 50 | d. | \$ | 0 | .00 | \$ | | 0.00 | _ |
| | 5e. | Insurance | 5e | | \$_ | | .00 | \$ | | 582.16 | _ |
| | 5f. | Domestic support obligations | 5f | | \$_ | | .00 | \$ | | 0.00 | _ |
| | 5g. 5h. | Union dues | 5g |). า.+ | \$_ \$ | | .00 | | | 0.00 | _ |
| 6 | | Other deductions. Specify: | _ | | φ_ | | | + \$_ | | 0.00 | _ |
| 6. | | If the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | φ_ | 461 | | \$ | | ,024.96 | |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 2,195 | .96 | \$ | 1, | ,761.46 | <u>-</u> |
| 8. | List 8a. | profession, or farm Attach a statement for each property and business showing gross | | | | | | | | | |
| | | receipts, ordinary and necessary business expenses, and the total monthly net income. | 88 | a | \$ | 0 | .00 | \$ | | 0.00 | 1 |
| | 8b. | Interest and dividends | 8b | | \$ | | .00 | \$_ | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | | | | • | | | _ |
| | 0.1 | settlement, and property settlement. | 80 | | \$_ | | .00 | \$ | | 0.00 | _ |
| | 8d. 8e. | Unemployment compensation Social Security | 8c 8e | | \$_ \$ | | .00 | \$_ \$ | | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | | \$_ \$_ | - | .00 | \$_ \$_ | | 0.00 | _ |
| | 8g. | Pension or retirement income | 80 | | \$ | | .00 | \$ | | 0.00 | |
| | 8h. | Other monthly income. Specify: | 8h | 1.+ | \$_ | 0 | .00 | + \$ | | 0.00 | _ |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | 0 | .00 | \$ | | 0.0 | 0 |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 2,195.96 | 1 ¢ | 1.7 | 761.46 | = \$ | 3,957.42 |
| 10. | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | | 2,133.30 | . | 1,1 | 01.40 | , | 3,337.42 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | | | | Schedule 11. | | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | | . 12. | \$ | 3,957.42 |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. | ? | | | | | | | Combi month | ned ly income |
| | П | Yes Explain: | | | | | | | | | |

| Fill | in this informa | ition to identify yo | ur case: | | | | | | |
|-------|------------------------------------|--------------------------------------------------------|-------------------------|---------------------------------------------------------------|----------------------------------------|-------------|---------|-----------------|-----------------------------------------------|
| | otor 1 | Kurtis R. Cle | | | | Ch | neck if | this is: | |
| | | | | | | | An | amended filing | |
| | otor 2 ouse, if filing) | Margaret L C | levenge | r | | | | | ving postpetition chapter the following date: |
| `` | | ruptcy Court for the: | | HERN DISTRICT OF ILLING | OIS - | | MM | / DD / YYYY | |
| | e number | | | | | | | | |
| (II K | nown) | | | | | | | | |
| | | rm 106J | | | | | | | |
| | | J: Your E | | | | | | | 12/1 |
| info | ormation. If manual moder (if know | | eded, atta y questio | . If two married people ar ach another sheet to this n. | | | | | |
| 1. | Is this a joir | | ioiu | | | | | | |
| | ☐ No. Go to | line 2. | | | | | | | |
| | ■ Yes. Doe | es Debtor 2 live i | n a separ | ate household? | | | | | |
| | ■ N □ Y | - | t file Offic | ial Form 106J-2, <i>Expense</i> s | for Separate House | ehold of De | ebtor 2 | 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | | □ No |
| | dependents | names. | | | Son | | | 17 | Yes |
| | | | | | | | | | □ No |
| | | | | | | | — - | | ☐ Yes ☐ No |
| | | | | | | | | | ☐ Yes |
| | | | | | | | | | □ No |
| | _ | | | | | | | | ☐ Yes |
| 3. | expenses o | penses include f people other th d your depender | nan $_{m 	au}$ | No Yes | | | | | |
| Par | | ate Your Ongoir | | | | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | | |
| | | | | government assistance in cluded it on Schedule I: Y | | | | v | |
| (Of | ficial Form 10 |)6I.) | | | | | | Your expe | enses |
| 4. | | or home ownershold any rent for the | | nses for your residence. In or lot. | nclude first mortgag | e 4. | \$_ | | 745.00 |
| | If not include | led in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 |
| | 4b. Prope | rty, homeowner's | , or renter | 's insurance | | 4b. | _ | | 0.00 |
| | | | | upkeep expenses | | 4c. | | | 100.00 |
| 5 | | owner's associati | | dominium dues our residence, such as ho | me equity loans | 4d. 5. | | | 0.00 |

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| ebtor ' | • | _ | | |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|--------------------------|
| ebtor 2 | Margaret L Clevenger | Case num | ber (if known) | |
| . Uti | lities: | | | |
| 6a. | | 6a. | \$ | 300.00 |
| 6b | • | 6b. | \$ | 137.00 |
| 6c. | | 6c. | \$ | 363.00 |
| 6d | Other. Specify: | 6d. | \$ | 0.00 |
| Fo | od and housekeeping supplies | | \$ | 500.00 |
| | ildcare and children's education costs | 8. | \$ | 0.00 |
| . Clo | othing, laundry, and dry cleaning | 9. | \$ | 150.00 |
| 0. Pe | rsonal care products and services | 10. | \$ | 75.00 |
| 1. M e | dical and dental expenses | 11. | \$ | 100.00 |
| 2. Tr a | Insportation. Include gas, maintenance, bus or train fare. | | | |
| | not include car payments. | 12. | \$ | 350.00 |
| 3. En | tertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 150.00 |
| 4. C h | aritable contributions and religious donations | 14. | \$ | 0.00 |
| | urance. | | | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | • | |
| | a. Life insurance | 15a. | · - | 0.00 |
| _ | b. Health insurance | 15b. | · | 0.00 |
| | c. Vehicle insurance | 15c. | · | 462.00 |
| | d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| | kes. Do not include taxes deducted from your pay or included in lines 4 or 20. | 4.0 | • | |
| | ecify: | 16. | \$ | 0.00 |
| | tallment or lease payments: a. Car payments for Vehicle 1 | 17a. | \$ | 500.00 |
| | • • | | · | 500.00 |
| | o. Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | c. Other Specify: | 17c. | \$ | 0.00 |
| | d. Other. Specify: | 17d. | \$ | 0.00 |
| | ur payments of alimony, maintenance, and support that you did not report a ducted from your pay on line 5, S <i>chedule I, Your Income</i> (Official Form 106I | | \$ | 0.00 |
| | ner payments you make to support others who do not live with you. | <i>)</i> . | \$ | 0.00 |
| | ecify: | 19. | Ψ | 0.00 |
| | ner real property expenses not included in lines 4 or 5 of this form or on <i>Sc</i> | | ur Income. | |
| | a. Mortgages on other property | 20a. | | 0.00 |
| | o. Real estate taxes | 20b. | · · | 0.00 |
| 20 | c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | e. Homeowner's association or condominium dues | 20e. | · - | 0.00 |
| | ner: Specify: | 21. | · | 0.00 |
| | · · · ———————————————————————————————— | | | 0.00 |
| | culate your monthly expenses | | | |
| | a. Add lines 4 through 21. | | \$ | 3,932.00 |
| 22 | o. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 2 | \$ | |
| 22 | c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,932.00 |
| o o- | laulate value manthly not income | | | · |
| | Iculate your monthly net income. | 23a. | ¢ | 2 057 40 |
| | a. Copy line 12 (your combined monthly income) from Schedule I. b. Copy your monthly expenses from line 22c above. | | · | 3,957.42 |
| 23 | c. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 3,932.00 |
| 22 | c. Subtract your monthly expenses from your monthly income. | | | |
| 23 | The result is your <i>monthly net income</i> . | 23c. | \$ | 25.42 |
| | The result to your monthly not moonle. | | | |
| 4. Do | you expect an increase or decrease in your expenses within the year after | you file this | form? | |
| For | example, do you expect to finish paying for your car loan within the year or do you expect you | | | or decrease because of a |
| | dification to the terms of your mortgage? | | | |
| | No | | | |
| | Yes. Explain here: | | | |

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| Fill in this info | rmation to identify your | case: | | |
|---------------------------------------------------|-------------------------------------|--------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------|
| Debtor 1 | Kurtis R. Clevenç | | | |
| 5 1 5 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | Margaret L Cleve | nger Middle Name | Last Name | |
| (Spouse II, IIIIIg) | i iist Name | Wildule Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS - WESTERN DIVIS | ion |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| | | | | |
| Official For | m 106Dec | | | |
| Declara de la | tion About a | n Individua | I Debtor's Sched | lules 12/15 |
| | | | | 12/10 |
| f two married p | people are filing togethe | r, both are equally resp | onsible for supplying correct info | ormation. |
| | | | | |
| | | | | g a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 |
| | 18 U.S.C. §§ 152, 1341, 1 | | in upicy case can result in filles | up to \$250,000, or imprisonment for up to 20 |
| • | | | | |
| | | | | |
| Sig | gn Below | | | |
| | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an atto | rney to help you fill out bankrup | tcy forms? |
| | | | | |
| ■ No | | | | |
| ☐ Yes. | Name of person | | | Attach Bankruptcy Petition Preparer's Notice, |
| | | | | Declaration, and Signature (Official Form 119) |
| | | | | |
| Under pena | alty of perjury, I declare | that I have read the sur | nmary and schedules filed with t | this declaration and |
| | re true and correct. | | • | |
| Y /a/ // | utio D. Clayenger | | Y /o/ Margaret I Cl | avanga. |
| | rtis R. Clevenger s R. Clevenger | | X /s/ Margaret L Cleve Margaret L Cleve | |
| | ure of Debtor 1 | | Signature of Debtor | |
| <u> </u> | | | - | |
| Date | April 11, 2018 | | Date April 11, 2 0 | 018 |
| | | | | |

| Fill | in this inforr | mation to identify you | case: | | | | |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------|----------------|--------------------------------------------------------------|-------------------------------------------------------|
| Del | otor 1 | Kurtis R. Cleven | aer | | | | |
| | | First Name | Middle Name | Last Name | | | |
| | otor 2 ouse if, filing) | Margaret L Cleve | enger Middle Name | Last Name | | | |
| | | | | | EOTERN DIV | UOIONI | |
| Uni | ted States Ba | inkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS - W | ESTERN DIV | ISION | |
| | se number _ | | | | | _ | Check if this is an amended filing |
| St | | of Financial | Affairs for Indivi | | | | 4/16 |
| info nun | rmation. If mathematical representation in the math | nore space is needed, n). Answer every ques | attach a separate sheet to stion. | this form. On th | | equally responsible for sup additional pages, write you | |
| Pai | | | rital Status and Where Yo | u Lived Before | | | |
| 1. | What is you | r current marital statu | s? | | | | |
| | ■ Married□ Not ma | | | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other thar | where you live | now? | | |
| | ■ No □ Yes. Lis | st all of the places you li | ived in the last 3 years. Do i | not include where | you live now. | | |
| | Debtor 1 Pr | rior Address: | Dates Debtor | Debto | or 2 Prior Add | lress: | Dates Debtor 2 lived there |
| 3. state | | | | | | ty property state or territor co, Texas, Washington and V | |
| | ■ No | | | | | | |
| | ☐ Yes. Ma | ake sure you fill out Sch | nedule H: Your Codebtors (C | Official Form 106F | l). | | |
| Pai | t 2 Explai | in the Sources of You | r Income | | | | |
| 4. | Fill in the tota | al amount of income yo | nployment or from operati u received from all jobs and have income that you recei | all businesses, in | cluding part-t | | ndar years? |
| | □ No | | | | | | |
| | _ | I in the details. | | | | | |
| | | | Debtor 1 | | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross incom (before deductions) | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year untiled for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$ | 66,798.03 | ■ Wages, commissions, bonuses, tips | \$8,986.72 |
| | | | ☐ Operating a business | | | ☐ Operating a business | |

Official Form 107

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Kurtis R. Clevenger Debtor 1 Margaret L Clevenger Debtor 2 Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$71,362.00 \$0.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$0.00 For the calendar year before that: \$92,732.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... paid still owe **Community State Bank** monthly \$745.00 \$88,000.00 ■ Mortgage 1801 1st Ave ☐ Car Rock Falls, IL 61071 ☐ Credit Card

■ Loan Repayment□ Suppliers or vendors

□ Other

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Debtor 2 Margaret L Clevenger Case number (if known) **Creditor's Name and Address** Dates of payment **Total amount** Amount you Was this payment for ... paid still owe Ally \$13,000.00 Monthly \$500.00 □ Mortgage PO Box 13625 ■ Car Philadelphia, PA 19101 ☐ Credit Card ■ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Amount you Reason for this payment Dates of payment Total amount paid still owe 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Reason for this payment Dates of payment **Total amount** Amount you paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below **Creditor Name and Address** Describe the Property Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Nο П Yes

Debtor 1

Kurtis R. Clevenger

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| | btor 1 Kurtis R. Clevenger btor 2 Margaret L Clevenger | Case number | (if known) | |
|-----|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|
| Par | rt 5: List Certain Gifts and Contributions | | | _ |
| 13. | Within 2 years before you filed for bankruptcy ■ No □ Yes. Fill in the details for each gift. | y, did you give any gifts with a total value of more | than \$600 per person ^o | ? |
| | Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and | Describe the gifts | Dates you gave the gifts | Value |
| 14. | Address: Within 2 years before you filed for bankruptcy No | y, did you give any gifts or contributions with a tot | al value of more than | \$600 to any charity? |
| | ☐ Yes. Fill in the details for each gift or contrib | oution. | | |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
| | | | | |
| Par | rt 6: List Certain Losses | | | |
| 15. | Within 1 year before you filed for bankruptcy or gambling? | or since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster, |
| | Yes. Fill in the details. | | | |
| | how the loss occurred Inclu | cribe any insurance coverage for the loss ude the amount that insurance has paid. List pending rance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Par | rt 7: List Certain Payments or Transfers | | | |
| 16. | Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepa | did you or anyone else acting on your behalf pay aring a bankruptcy petition? rers, or credit counseling agencies for services require | | rty to anyone you |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | LAW OFFICE OF MICHAEL C. DOWNEY 420 WEST SECOND STREET DIXON, IL 61021 | Attorney Fees | | \$600.00 |
| 17. | promised to help you deal with your creditors Do not include any payment or transfer that you No | | or transfer any prope | rty to anyone who |
| | Yes. Fill in the details. | | D (| |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |

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Debtor 1 Kurtis R. Clevenger
Debtor 2 Margaret L Clevenger

Case number (if known)

| 18. | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers mad include gifts and transfers that you have already No Yes. Fill in the details. | siness or financial affaile as security (such as the | irs? ne granting of a s | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------|-----------------------------------------------|
| | Person Who Received Transfer Address Person's relationship to you | Description and va property transferre | | Describe any property or payments received or debts paid in exchange | Date transfer was made |
| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-protein No ☐ Yes. Fill in the details. | | y property to a s | elf-settled trust or similar device | of which you are a |
| | Name of trust | Description and va | alue of the prope | erty transferred | Date Transfer was made |
| Par | tt 8: List of Certain Financial Accounts, Insti | ruments, Safe Deposit | Boxes, and Stor | rage Units | mado |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa | other financial accoun | its; certificates o | of deposit; shares in banks, credit | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | | Last 4 digits of account number | Type of accour instrument | nt or Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ar before you filed for | bankruptcy, any | safe deposit box or other depos | itory for securities, |
| | □ No ■ Yes. Fill in the details. | | | | |
| | Name of Financial Institution | Who also had soo | t- it? | Describe the contents | De veu etill |
| | Address (Number, Street, City, State and ZIP Code) | Who else had acco Address (Number, St State and ZIP Code) | | Describe the contents | Do you still have it? |
| | FIRST NATIONAL BANK IN AMBOY 220 EAST MAIN STREET Amboy, IL 61310 | Debtors | 1 | Nothing | □ No ■ Yes |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 y | ear before you filed for bankrupto | cy? |
| | No | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe the contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control fo | or Someone Else | | | |
| 23. | Do you hold or control any property that som for someone. | eone else owns? Inclu | de any property | you borrowed from, are storing f | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the propo (Number, Street, City, St Code) | | Describe the property | Value |
| | | | | | |

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Debtor 1 Kurtis R. Clevenger
Debtor 2 Margaret L Clevenger

Case number (if known)

| Part 10: | Give Details | About Environm | ental Information |
|----------|---------------------|-----------------------|-------------------|
|----------|---------------------|-----------------------|-------------------|

| For | the purpose of Part 10, the following definitions | s apply: | | | | | |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------|--|--|--|
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous o toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | |
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of when | they occurred. | | | | |
| 24. | Has any governmental unit notified you that yo | ou may be liable or potentially liable | under or in violation of an environm | nental law? | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of any | y release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or admini | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Pa | t 11: Give Details About Your Business or Co | nnections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have any | of the following connections to an | y business? | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | ☐ A partner in a partnership | ☐ A partner in a partnership | | | | | |
| | ☐ An officer, director, or managing execu | utive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting o | r equity securities of a corporation | | | | | |
| No. None of the above applies. Go to Part 12. | | | | | | | |

Business Name

(Number, Street, City, State and ZIP Code)

Address

Describe the nature of the business

Name of accountant or bookkeeper

Yes. Check all that apply above and fill in the details below for each business.

Employer Identification number

Dates business existed

Do not include Social Security number or ITIN.

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Debtor 1 Kurtis R. Clevenger
Debtor 2 Margaret L Clevenger

Case number (if known)

| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | ■ No |

Yes. Fill in the details below.

(Number, Street, City, State and ZIP Code)

Address

Date Issued

Case 18-80819 Filed 04/13/18 Entered 04/13/18 12:23:36 Document Page 43 of 64 Kurtis R. Clevenger Debtor 1 Debtor 2 Margaret L Clevenger Case number (if known) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Kurtis R. Clevenger /s/ Margaret L Clevenger Margaret L Clevenger Kurtis R. Clevenger Signature of Debtor 1 Signature of Debtor 2 Date April 11, 2018 Date April 11, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Doc 1

Desc Main

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| Debtor 1 | Kurtis R. Cleveng | ger | | |
|----------------------------------|--------------------------|-------------------|--------------------------------|--------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Margaret L Cleve | nger | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Backer Case number | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS - WESTERN DIVISION | |
| if known) | | | | ☐ Check if this is an amended filing |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| information below. | What do you intend to do with the manager that | Did way alaim the man auto |
|-----------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------|
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the propert as exempt on Schedule C |
| | | |
| Creditor's Ally | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of 2014 GMC Sererra 72000 miles | Retain the property and enter into a Reaffirmation Agreement. | Yes |
| property KBB Trade in value securing debt: | ☐ Retain the property and [explain]: | |
| Creditor's Community State Bank | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of 1205 E Lefevre Rd Sterling, IL | Retain the property and enter into a Reaffirmation Agreement. | Yes |
| property 61081 Whiteside County securing debt: | ☐ Retain the property and [explain]: | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

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| Debtor 1 Kurtis R. Clevenger Debtor 2 Margaret L Clevenger | Case number (if known) |
|------------------------------------------------------------|------------------------|
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |

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| Debtor 1 Debtor 2 | | urtis R. Clevenger argaret L Clevenger | Case number (if known) |
|----------------------|--------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| | | | |
| Part 3: | Sig | n Below | |
| | | of perjury, I declare that is subject to an unexpire | ave indicated my intention about any property of my estate that secures a debt and any personal ease. |
| χ /s/ | Kurt | is R. Clevenger | X /s/ Margaret L Clevenger |
| Kur | rtis F | R. Clevenger | Margaret L Clevenger |
| Sigr | natur | e of Debtor 1 | Signature of Debtor 2 |
| Date | е | April 11, 2018 | Date April 11, 2018 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-80819 Doc 1 Filed 04/13/18 Entered 04/13/18 12:23:36 Desc Main Page 51 of 64 Document

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois - Western Division

| In 1 | Kurtis R. Clevenger re Margaret L Clevenger | Case No. | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------|
| | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPENSATION OF ATT | ORNEY FOR DE | BTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the a compensation paid to me within one year before the filing of the petition in bankrup be rendered on behalf of the debtor(s) in contemplation of or in connection with the | otcy, or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | \$ | 600.00 |
| | Prior to the filing of this statement I have received | \$ | 600.00 |
| | Balance Due | | 0.00 |
| 2. | \$335.00 of the filing fee has been paid. | | |
| 3. | The source of the compensation paid to me was: | | |
| | ■ Debtor □ Other (specify): | | |
| 4. | The source of compensation to be paid to me is: | | |
| | ■ Debtor □ Other (specify): | | |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any other per | rson unless they are memb | pers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensation with a person or person copy of the agreement, together with a list of the names of the people sharing in | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all as | pects of the bankruptcy ca | ase, including: |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor inb. Preparation and filing of any petition, schedules, statement of affairs and plan wc. Representation of the debtor at the meeting of creditors and confirmation hearind. [Other provisions as needed] | hich may be required; | |
| 7 | | | |

By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding, amendment to schedules to add creditors, motion to reopen case. Additional or Non-Base Legal Services POST-PETITION. Legal services which are beyond those contemplated in the Base Retainer will be provided by Attorney POST PETITION at an additional fee, including but not limited to representing Client in: (a) Discharge proceedings, including those related to student loans, taxes or undue hardships; (b) motions for relief from, or continuation, defense or enforcement of the Automatic Stay; (c) motions to redeem personal property; (d) rule 2004 examinations; (e) motions to avoid liens/judgments(\$500.00); (f) contested matters or adversary proceedings; (g) contested matters regarding Client's claim of exempt property; (h) filing any amendments to the schedules; (i) motions to continue the 341 meeting of creditors and/or appearing for a continued 341 hearing; (j) motions or adversary complaints to abandon/refinance/sell/purchase property; (k) assisting in carrying out the Debtor's Statement of Intentions; (I) monitoring an "asset case"; (m) re-opening a bankruptcy case to submit post-filing proof of pre-discharge counseling; (n) issues that arise that are not specifically listed in the Retainer; (o) garnishment recovery; (p) reaffirmation agreement negotiation and review, where permissible.

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| In re | Kurtis R. Clevenger Margaret L Clevenger | | Case No. | |
|-------|---------------------------------------------|-----------|----------|--|
| | | Debtor(s) | | |

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

| | CERTIFICATION | | | | |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--|--|--|--|
| | CERTIFICATION | | | | |
| I certify that the foregoing is a complete staten this bankruptcy proceeding. | nent of any agreement or arrangement for payment to me for representation of the debtor(s) in | | | | |
| April 11, 2018 | /s/ MICHAEL C. DOWNEY | | | | |
| Date | MICHAEL C. DOWNEY 6186785 - Illinois | | | | |
| | Signature of Attorney | | | | |
| | LAW OFFICE OF MICHAEL C. DOWNEY | | | | |
| | 420 WEST SECOND STREET | | | | |
| | DIXON, IL 61021 | | | | |
| | 815.288.6688 | | | | |
| | Name of law firm | | | | |

Attorney Contract

If you receive services from my office regarding bankruptcy, this requires that you and I sign a written agreement. If you wish to hire me, you must sign below.

My office will file a Bankruptcy Proceeding with all the papers required to be filed therewith for the fees set forth below. An attorney will also be with you at the "Meeting of Creditors." The court charges the filing fee listed below. Since all bankruptcies are not identical and I cannot tell in advance all the services you may need, I have listed additional possible fees below that may or may not apply to you. I reserve the right to modify the fees listed below prior to the time you hire me.

If you sign below, you are agreeing to do the following:

| 1. | To | complex | tely and | l honestly | fill ou | it all the | forms | provided | to you |
|----|----|---------|----------|------------|---------|------------|-------|----------|--------|
| | | | | | | | | | |

- 2. To provide all the documentation requested.
- 3. To promptly respond to any inquires I make.
- 4. To pay all fees within 30 days of billing.

DOMAIDAMACAIT POD OUABTED

| DOWN PAY | MENT FOR CHAPTER _/ \$ DATE |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I accept cash, | checks or money orders. <i>I do not accept credit OR debit cards for payment.</i> |
| Basic Fees: | Preparation of Petition and Basic Services. Basic services includes attending the meeting of creditors but <u>does not</u> include payment for pre-bankruptcy certificate, bankruptcy class or further court hearings, if required. |
| 335 | Filing Fee (Charged by the Bankruptcy Court) |
| 935 | Basic Total. |

POSSIBLE ADDITIONAL CHARGES WILL BE REQUIRED IF YOUR INCOME EXCEEDS THE STATE MEDIAN INCOME OR YOU NEED TO AMEND THE PETITION AFTER FILING. ADDITIONALLY, THE ABOVE FEE DOES NOT INCLUDE ANY MOTIONS OR OBJECTIONS TO DISCHARGE WHICH REQUIRE A COURT HEARING OR MOTIONS TO REMOVE LIENS OR JUDGMENTS AND THE PREPARATION OF ANY REAFFIRMATION AGREEMENTS OR FILING OF ANY REAFFIRMATION AGREEMENTS.

Houle R Clark Maked Maked DEBTOR DEBTOR ATTORNER

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United States Bankruptcy Court Northern District of Illinois - Western Division

| In re | Kurtis R. Clevenger Margaret L Clevenger | | Case No. | |
|-------|---------------------------------------------|---------------------------------------------|-------------------------|-----------------------|
| | 3 | Debtor(s) | Chapter 7 | |
| | VE. | RIFICATION OF CREDITOR N | MATRIX | |
| | | Number o | f Creditors: | 24 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of cred | itors is true and corre | ect to the best of my |
| Date: | April 11, 2018 | /s/ Kurtis R. Clevenger Kurtis R. Clevenger | | |
| | | Signature of Debtor | | |
| Date: | April 11, 2018 | /s/ Margaret L Clevenger | | |
| | | Margaret L Clevenger | | |
| | | Signature of Debtor | | |

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| | otor 1 otor 2 | Kurtis R. Clevenge Margaret L Clever | | | | Case number | (if known) | | |
|------|------------------|---------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------|------------------------------------------------------|--------------------------------------|--|
| Par | t 6: | Answer These Questi | ons for R | eporting Purposes | | | | | |
| 16. | | t kind of debts do have? | 16a. | Are your debts primarily of individual primarily for a per | | | ed in 11 U.S.C. § 101(8) | as "incurred by an | |
| | | | | ☐ No. Go to line 16b. | · | | | | |
| | | | | Yes. Go to line 17. | | | | | |
| | | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | | ☐ No. Go to line 16c. | | | | | |
| | | | | ☐ Yes. Go to line 17. | | | | | |
| | | | 16c. | State the type of debts you | owe that are not consu | mer debts or business | s debts | | |
| | | | | | | | | | |
| 17. | | ou filing under oter 7? | □ No. | I am not filing under Chapte | er 7. Go to line 18. | | | | |
| | after prop | ou estimate that any exempt erty is excluded and | ■ Yes. | I am filing under Chapter 7. are paid that funds will be a | | | erty is excluded and admit | nistrative expenses | |
| | | nistrative expenses aid that funds will | | ■ No | | | | | |
| | be a | e available for stribution to unsecured editors? | | ☐ Yes | | | | | |
| 18. | How | How many Creditors do you estimate that you owe? | ■ 1-49 | | ☐ 1,000-5,000 |) | ☐ 25,001-50,000 | | |
| | | | □ 50-99 | | □ 5001-10,000 | 0 | <u> </u> | · | |
| | | | ☐ 100-199 ☐ 200-999 | | ☐ 10,001-25,0 | 000 | ☐ More than100,00 | 0 | |
| 19. | | How much do you estimate your assets to be worth? | □ \$0 - \$ | | \$1,000,001 | | □ \$500,000,001 - \$ | | |
| | | | □ \$50,001 - \$100,000 | | □ \$10,000,00° | 1 - \$50 million 1 - \$100 million | □ \$1,000,000,001 - □ \$10,000,000,001 | | |
| | | | ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | | 01 - \$500 million | ☐ More than \$50 bi | | |
| 20. | | much do you nate your liabilities | \$0 - \$ | - | □ \$1,000,001 | | □ \$500,000,001 - \$ | | |
| | to be | | • | 001 - \$100,000 | □ \$10,000,00° | 1 - \$50 million 1 - \$100 million | \$1,000,000,001 \$10,000,000,001 | | |
| | | | ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | | 01 - \$500 million | ☐ More than \$50 b | | |
| Par | t 7: | Sign Below | | | | | <u> </u> | | |
| _ | you | | I have ex | amined this petition, and I de | eclare under penalty of | periury that the inform | ation provided is true and | L correct. | |
| , 01 | you | | If I have | chosen to file under Chapter tates Code. I understand the | 7, I am aware that I ma | y proceed, if eligible, i | under Chapter 7, 11,12, c | or 13 of title 11, | |
| | | | | rney represents me and I did it, I have obtained and read t | | | an attorney to help me fil | l out this | |
| | | | I request | relief in accordance with the | chapter of title 11, Unit | ed States Code, spec | ified in this petition. | | |
| | | | l underst bankrupt and 3571 | and making a false statemen cy case can result in fines up | t, concealing property, to \$250,000, or imprise | or obtaining money or onment for up to 20 ye | property by fraud in contracts, or both. 18 U.S.C. § | nection with a § 152, 1341, 1519, | |
| | | | | R. Clevenger e of Debtor 1 | | Margaret L Cleve Signature of Debtor | | | |
| | | | Executed | on <u>April</u> 11, 2018 MM / DD / YYYY | | Executed on Apr | il 11, 2018 / DD / YYYY | | |

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| Debtor 1 Kurtis R. Clevenger Debtor 2 Margaret L Clevenger | | Case number (if known) | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|
| For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page. | I, the attorney for the debtor(s) named in under Chapter 7, 11, 12, or 13 of title 11, for which the person is eligible. I also cer and, in a case in which § 707(b)(4)(D) approximately schedules filed with the petition is incorrectly signature of Attorney for Debtor MICHAEL C. DOWNEY 6186785 - II Printed name LAW OFFICE OF MICHAEL C. DOV Firm name 420 WEST SECOND STREET DIXON, IL 61021 Number, Street, City, State & ZIP Code Contact phone 815.288.6688 6186785 - Illinois IL Bar number & State | United States Code, and have entify that I have delivered to the colles, certify that I have no known ct. Date | explained the relief available under ear debtor(s) the notice required by 11 U.S | ch chapter S.C. § 342(b) |

| Fill in this info | rmation to identify your | case: | | | |
|---------------------------------|--------------------------------|--------------------------|------------------------------|---------------------------|------------------------------------------------------------|
| Debtor 1 | Kurtis R. Clevenç | | | | |
| Dobtor 2 | First Name | Middle Name | Last Name | : | |
| Debtor 2 (Spouse if, filing) | Margaret L Cleve First Name | nger Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS - WESTERN | IDIVISION | |
| Case number | | | | | |
| (if known) | | | | • | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official For | | | | | |
| Declara | tion About a | ın Individual | l Debtor's Scl | hedules | 12/15 |
| Sig | ın Below | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an atto | rney to help you fill out ba | inkruptcy forms? | <u>. </u> |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | Petition Preparer's Notice, gnature (Official Form 119) |
| Under pena | alty of perjury, I declare | that I have read the sun | nmary and schedules filed | with this declaration and | |
| that they ar | re true and correct. | 1 | 11 | | |
| X Z | into K 6 | Lu- | x/ Ant | せしく | |
| | R. Clevenger | | Margaret L | | |
| Signatu | re of Debtor 1 | | Signature of D | Peptor 2 | |
| Date | April 11, 2018 | | Date April | 11. 2018 | |

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| Debtor 1 | Kurtis R. Cleven | jer | | | • | | |
|---------------------------------------------------|-------------------------|------------------------------------------------------------|---------------------|-------------------------------------------------|----------------------------|---------------------------------|-----------|
| Debtor 2 | Margaret L Cleve | nger | | | Case number (if known) | | |
| Part 12: | Sign Below | | | | | | |
| are true a with a bar 18 U.S.C. Kurtis F | ind correct. I understa | and that making a false st sult in fines up to \$250,00 | tatement, conce | aling property nent for up to 2 Clevenger | ٍor obtaining money or | alty of perjury that the answer | 's ior |
| Date A | April 11, 2018 | | Date Apri | l <u>11,</u> 2018 | · | | |
| Did you a ■ No □ Yes | attach additional page | es to Your Statement of F | inancial Affairs | for Individuals | Filing for Bankruptcy (| Official Form 107)? | |
| Did you p | pay or agree to pay so | omeone who is not an atte | orney to help yo | u fill out bankı | ruptcy forms? | | |
| □ Vec M | lame of Person | Attach the Bankruptcy Pe | tition Preparer's I | Notice, Declara | tion, and Signature (Offic | ial Form 119). | |

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| Debtor 1 Debtor 2 | Kurtis R. Clevenger Margaret L Clevenger | Case number (if known) |
|----------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| | | |
| | | |
| Part 3: | Sign Below | |
| Under pe property | enalty of perjury, I declare that I have indicated my inte- that is subject to an unexpired lease. | ntion about any property of my estate that secures a debt and any personal |
| X 9 Ku | Suita & Clevenger | Margaret L Clevenger |
| Sigi | nature of Debtor 1 | Signature of Debtor 2 |
| Dat | e April 11, 2018 | Date April 11, 2018 |

Best Case Bankruptcy

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| ln re | Margaret L Clevenger | Case No. |
|-------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Debtor(s) |
| | DISCLOSURE | OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) (Continuation Sheet) |
| | | CERTIFICATION |
| | nkruptcy proceeding. | MICHAEL C. DOWNEY 6186785 - Illinois Signature of Attorney LAW OFFICE OF MICHAEL C. DOWNEY 420 WEST SECOND STREET DIXON, IL 61021 815.288.6688 Name of law firm |

United States Bankruptcy Court Northern District of Illinois - Western Division

| In re | Kurtis R. Clevenger Margaret L Clevenger | | Case No. | |
|-------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------|----|
| | | Debtor(s) | Chapter 7 | |
| | VERIFIC | CATION OF CREDITOR | MATRIX | |
| | | Number (| of Creditors: | 24 |
| | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best (our) knowledge. | | | |
| Date: | April 11, 2018 | Kurtis R. Clevenger Signature of Debtor | 2 Oliver | |
| Date: | April 11, 2018 | Margaret L Clevenger Signature of Debtor |) | |

Ally PO Box 13625 Philadelphia, PA 19101

Amazon - Synchrony Bank PO Box 960013 Orlando, FL 32896-0013

American Express Box 0001 Los Angeles, CA 90096-0001

Capital One PO Box 6492 Carol Stream, IL 60197-6492

Capital One PO Box 85520 Richmond, VA 23285-5520

Care Credit-Synchrony Bank PO Box 960061 Orlando, FL 32896

CGH Medical Center 100 E LeFevre Road Sterling, IL 61081

CITI Cards Attn: Centralized Bankruptcy PO Box 20507 Kansas City, MO 64915

Community State Bank 1801 1st Ave Rock Falls, IL 61071

Direct TV, Inc. PO Box 5007 Carol Stream, IL 60197-5007

Discover Card PO Box 6103 Carol Stream, IL 60197-6103 Diversified Consultants, Inc. PO Box 551268 Jacksonville, FL 32255

Kohls Payment Center PO Box 2983 Milwaukee, WI 53201-2983

Milestone Bank Card Services PO Box 84059 Columbus, GA 31908-4059

PayPal Buyer Credit PO Box 105658 Atlanta, GA 30348

PayPal Buyer Credit PO Box 960080 Orlando, FL 32896-0080

RPM 1930 220th St. SE Suite 101 Bothell, WA 98021

RPM PO Box 1548 Lynnwood, WA 98046-1548

RRCA 201 E 3rd St Sterling, IL 61081

Simm Associates, Inc. PO Box 7526 Newark, DE 19714

SWEDISH AMERICAN Medical Group A Division of UW Health PO Box 1567 Rockford, IL 61110

TARGET NATIONAL BANK PO BOX 673 Minneapolis, MN 55440

Wal-Mart/Synchrony Bank PO Box 965003 Orlando, FL 32896

Wal-Mart/Synchrony Bank PO Box 965024 Orlando, FL 32896